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REVIEW

Jeffrey P. Bishop, *The Anticipatory Corpse* (Notre Dame, IN: University of Notre Dame Press, 2011), ISBN: 978-0268022273

It seems easy to imagine a Foucauldian critique of bioethics. Bioethicists frequently presume to not only establish definitive criteria for the medical determination of life and death, but to also empower individuals to make their own medical decisions. The field thus seems ripe for a Foucauldian analysis based around concepts like biopolitics and governmentality. But, beyond this critique, there might not seem much that a Foucauldian approach could offer. And yet, in *The Anticipatory Corpse: Medicine, Power, and the Care of the Dying*, Jeffrey P. Bishop not only articulates what is the most thorough, eloquent, and creative Foucauldian critique of bioethics to date, but also provides a means of imagining bioethical institutions that can draw on and extend the insights of Foucault's corpus.

Like its author, *The Anticipatory Corpse* is a hybrid, crossing boundaries of institutional structure and decorum. Bishop—who directs the Albert Gnaegi Center of Health Care Ethics at Saint Louis University—is a medical doctor, a bioethicist, and a philosopher steeped in the Foucauldian tradition. He is also a practicing Christian, who writes frequently on issues pertaining to the integration of Christian theology into bioethics. These diverse perspectives would seem incompatible, but in *The Anticipatory Corpse* Bishop unites them in a way that effectively builds on their tensions. As a result, the book will appeal to—and, in some cases, likely enrage—a broad spectrum of readers, including medical professionals, bioethicists, theologians, historians, and Foucauldians of all stripes. The beauty and clarity of its writing render it accessible to a general audience, while its depth and ingenuity of thought will make it stimulating to advanced scholars. Any of its chapters could be excerpted for graduate or upper level undergraduate courses, but the book's strong overall argument make it most powerful if read as a whole.

The specific focus of *The Anticipatory Corpse* is the development and practice of end-of-life care. But its central argument hinges on an audacious claim about the central place of end-of-life care—and, specifically, the dead body—in Western medicine *writ large*. Drawing on—and brilliantly rejuvenating—Foucault's classic *The Birth of the Clinic*, Bishop claims that Western medicine is structured by a dichotomy between the living body and the dead body. The dead body is perceived as static, transcendental, and existing outside of historical time; the living body, in contrast, is dynamic and in flux. Because the living body is always changing, it cannot in itself provide a stable ground in which to base medical

science; that foundation is the dead body. It is only by presuming the stasis of death that medicine can make claims about life. Consequently, the dead body—not the living one—is the “epistemologically normative” body of Western medicine. (21) Materialist medical practice is, in reality, based on a transcendental foundation that is putatively located as the endpoint of life. (53-4) The starting point of Western medicine is thus an “anticipatory corpse.” (278)

Western medicine’s use of the dead body as an “ideal type” (21) impacts the kind of knowledge that medicine can generate. By postulating death as transcendental stasis, life comes to be defined as mere matter in motion. As a result of this mechanistic conception of life, medical knowledge comes to be defined as knowledge of *physics*, the study of efficient causes. Metaphysical knowledge—knowledge concerned with final causes pertaining to the *telos* of life—becomes dismissed as irrelevant to medicine. The distinction between the living and the dead body produces a split between the physical knowledge of medical science and the metaphysical knowledge of religion and philosophy.

The basis of medical knowledge in physics does not mean that medicine lacks a metaphysics. Rather, it has adopted a metaphysics of efficient causation that, paradoxically, grounds its authority on the claim that it is no metaphysics at all. The purpose of knowledge in this metaphysical framework is to provide a means of exercising “power over phenomenon” (11); in other words, knowledge itself becomes a “violent act” whose goal is to “subject one’s object to one’s categories [in order to] bring about the effects one desires in the world.” (92) Medicine thus becomes the science of controlling individual patients and, with the rise of statistical medicine, populations as well. The dead body’s epistemologically normative status is the condition of possibility of biopolitics.

While this epistemological framework colors all of medicine, it has particularly gruesome implications for the dying—those patients that medicine *cannot* efficiently control. Building on the work of Giorgio Agamben and Sharon Kaufman, Bishop argues that, in the US medical system, the dying exist in a “zone of indistinction” between life and death. (11) They cannot be returned to a socially productive function, and yet, they continue to require medical care. They are confronting—and force us all to confront—metaphysical questions of the meaning and purpose of life. And yet, for medicine these questions are irrelevant. From the perspective of efficient causation, the only thing left for these patients to confront is the non-functioning of their corporeal machine.

This is bad, but it gets worse. It would be one thing if medicine respected its own limits and understood that it has nothing to say about metaphysics, death, and dying. But instead of leaving the dying, dead, and metaphysics well enough alone, medicine colonizes them, explaining their existence through the same logic of efficient causation that it uses to elucidate the waterborne transmission of cholera. For Bishop, this colonization is not historical happenstance, but rather an inevitable result of the normativity of the dead body. Once life is defined as matter in motion, it is inevitable that all aspects of life—including religion itself—will come to be defined in those terms as well.

As a result, medicine does not so much dismiss metaphysics, the dying, and the dead; rather, it actively *disciplines* them by trying to make them fit into the conceptual framework of efficient causation. It does so through means that are physiological as well as discursive, targeting not only the physical body, but also the psyche and even the soul. Consequently, even psychological, social, and religious movements that were intended to provide an alternative to efficient causation, themselves come to be assessed—and to assess their target populations—in terms of its measures. The result is that medicine no longer dismisses the metaphysical claims of religion and psychology; it appropriates them to fortify its (unrecognized) metaphysical structure.

Bishop makes this argument over the course of ten chapters. These chapters are grouped into four sections, each one of which is preceded by a brief “transition.” In Chapters 1 and 2—which comprise the first section—Bishop traces the historical emergence of the dead body as medicine’s “ideal type” to the late 18th and early 19th century. He then shows how the clinic became a space where the logic of efficient causation reigned. These genealogical chapters set the stage for the contemporary case studies that follow.

The second section—comprising Chapters 3 through 7—consists of archaeological examinations of impact of the metaphysics of efficient causation on contemporary end-of-life care. In Chapter 3, Bishop examines how this metaphysics renders the dying body in the Intensive Care Unit a form of “bare life,” reduced to nothing more than biological functioning. This conception of dying patients as “broken machines” (109) makes life in such a state seem unworthy of living. As Bishop explains in Chapter 4, bioethicists have responded to this intolerable state by giving the patient sovereign power to decide whether she lives or dies. And yet, while putatively liberating, this sovereignty involves accepting the very metaphysics of efficient causation that stripped the end-of-life of meaning. Individual sovereignty—or, as it also known, “patient autonomy”—further entrenches the mechanistic model it had claimed to mollify.

Chapters 5 through 7 address the emergence and current effects of the category of “brain death.” In Chapter 5, Bishop traces how the metaphysics of efficient causation moved death into the brain. In the process, the determination of death was taken out of the hands of local communities, and “the laws of physiological function [became] wedded to the law of the state.” (167) Chapter 6 examines how, in organ transplantation, a “logic of efficient donation” reigns in which life only has value in its ability to be gifted to ensure the efficient functioning of other corporeal machines. The result is a coercive economy that makes it impossible to conceive of “the life of the dying... as its own end.” (184)

In Chapter 7, Bishop applies this understanding of brain death to current debates about Persistent Vegetative State, specifically analyzing the cases of Terri Schivo in the US and Elena Englaro in Italy. He argues that the putative opposition between liberals and conservatives is based on a shared acceptance of the split between physics and metaphysics. Attempts to resolve this split via the postulation of a sovereign subject ignores the role of power in constituting this sovereignty. While individual sovereignty seems liberating, it chains individuals to a biopolitical calculus of the value of their lives. This criteria ultimate-

ly led Schiavo and Englaro to be “ritually abandoned to the myth of the individual who is his or her own sovereign.” (222)

In the book’s third section, Bishop examines how medicine has sought to remedy the split between physics and metaphysics *via* the medical appropriation of psychology, sociology, and religion. In Chapter 8, he examines the biopsychosocial model of Elizabeth Kübler-Ross, as well as current attempts to use social science measures to assess grief. These measures enforce a normative model that eliminates the particularity of mourning. In Chapter 9, Bishop analyzes how the modern hospice movement morphed into the medical specialty of palliative care. Hospice was founded by Cicely Saunders, a deeply religious woman who, while using medicine as a means of care, based hospice on the Christian tradition of hospitality or *hospitum*. In contrast, contemporary palliative care is based on a metaphysics of efficient causation that renders spirituality meaningful only because of its medico-political value. Though claiming to continue the hospice tradition, palliative care betrays it.

In the book’s concluding chapter, Bishop suggests an alternative metaphysics for medicine. He theorizes the body as a bearer of meaning, in which metaphysics and physics are inseparable. The medical provider, in this view, is not simply a technical expert, but rather labors out of an embodied desire to recognize the other’s suffering, and to have her suffering recognized as well. This fundamental yearning is the basis of a medicine that can finally be open to metaphysics.

And yet, Bishop does not himself propose a universal metaphysics of medicine. He concludes *The Anticipatory Corpse* by suggesting that the future of medicine might lie in a surprising direction: theology. New models for conceiving medicine can be found in the religious communities whose metaphysical foundations were dismissed by the rise of modern medicine. Perhaps, Bishop argues “in living traditions informed by a different understanding of space and time, where location and story provide meaningful contexts to offer once again hospitality to the dying [...] we will find a unity of material, function, form, and purpose” that can rejuvenate medical practice. (313)

Bishop does not elaborate on the role bioethics might play in this new conception of medicine. But, within his vision, there is a question that, perhaps, a properly Foucauldian bioethics might be able to solve: Who will bring the subjugated knowledges of these communities into medicine? Perhaps it is here that bioethics can find a new home. The field has always claimed to mediate between particular communities and “universal” medico-philosophical knowledge. But now, perhaps, bioethicists can draw on the particular to rethink the field’s own putatively universal principles and, in the process, begin to formulate an ethic of *hospitum* that can respond to individuals and communities in need. Bishop’s work thus provides more than an impetus to rethink the epistemological, methodological, and ontological assumptions of bioethics; perhaps he also provides a way for the field to save its soul.

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